

2018

County of San Luis Obispo Retiree Employee Benefits Brochure



2018 OPEN ENROLLMENT PERIOD:
NOVEMBER 13 – NOVEMBER 30, 2017



2018 Open Enrollment Checklist

Check When Completed	Action Item	Due Date
<input type="checkbox"/>	Attend an Open Enrollment Educational Workshop (Optional)	October 16-November 1
<input type="checkbox"/>	Select a New Medical Plan or Decide to Continue with Your Current Plan	November 13-30
<input type="checkbox"/>	Edit or Verify Dependent Information	November 13-30
<input type="checkbox"/>	Make Benefits Elections Online at BenXcel.net (website not available until 11/13/17)	November 13-30
<input type="checkbox"/>	Upload Any Required Documentation for new coverage or new dependents (ex. Medicare Cards A&B, Marriage Certificate, etc)	November 13-30
<input type="checkbox"/>	Print Confirmation Statement from Portal	November 13-30
<input type="checkbox"/>	Refill Maintenance Medications Before the New Year to Ensure a Smooth Transition to New Pharmacy Manager	December 1-31
<input type="checkbox"/>	Submit Disabled Dependent Certification to HR if Covering a Disabled Dependent	December 1

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Medicare Part D Notice: If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please refer to the Benefits webpage on the County's website, www.slocounty.ca.gov/hr or contact Human Resources at 805.781.5963, Pension Trust at 805.781.5465 or e-mail hr@co.slo.ca.us for more details.



TIME TO MAKE NEW CHOICES

At the County of San Luis Obispo we value your contributions to our community and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs as a retiree. This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to the Summary of Benefits and Coverage (SBCs) available at www.slocounty.ca.gov/benefits. The plan benefit booklets determine how all benefits are paid. A list of plan contacts is included at the back of this guide.

To help you utilize this guide you must first identify whether or not you are considered an Early Retiree as medical benefit options are different. The definition of Early Retiree is listed below.

Retiree Type	Medicare Eligibility	Definition
Early Retiree	Non-Medicare	A retiree that is under the age of 65 and not Medicare eligible.
Retiree 65 +	Medicare	A retiree that is 65 or older and Medicare eligible.

Important Eligibility Information

- All eligible retirees will have a one time opportunity to enroll in County sponsored medical coverage during 2018 Open Enrollment.
- Retirees who opt out of County medical insurance, may only again enroll when they become Medicare eligible at age 65 as a qualifying event.
- Retirees over the age of 65 that opt out during 2018 Open Enrollment cannot opt back in to County medical insurance in the future.
- Failure to make an election during 2018 Open Enrollment will be considered opting out of County medical insurance.

BENEFITS EFFECTIVE DATE:

January 1, 2018 - December 31, 2018

2018 OPEN ENROLLMENT PERIOD:

November 13 – November 30, 2017

WHAT IS NEW IN 2018?

This year the County will be entering the CSAC EIA Health program, a Joint Powers Authority (JPA) for cities, counties and special districts. The County has partnered with CSAC EIA since 1979 for multiple lines of insurance. The founding principle of EIA-Health is to provide a stable and cost-effective health insurance option for Public Entities. EIA Health has created value and long-term rate stability by combining the risks of participating employer groups with similar risk profiles.

The County's medical plans will be implemented through EIA Health effective January 1, 2018. The transition to EIA Health will allow the County to provide comparable medical plans, flexibility to make plan design changes to react to local needs and the ability to introduce medical benefit and wellness programs to actively manage premium costs. Effective January 1, 2018 there will be important changes to your County-sponsored medical benefits.

ACTION REQUIRED

- All retirees must take action to ensure they maintain medical insurance eligibility.
- Every retiree should enroll online at www.benxcel.net by November 30.
- Verification of dependent information is required to prevent a disruption in their coverage.

Other Important Changes Include:

- **Online Enrollment:** The County will benefit from enhanced benefits administration technology that provides a personalized online portal for each enrollee through Benefit Coordinators Corporation (BCC). Retirees will be able to review all of their medical, dental and vision enrollment information in one place 24 hours a day, 7 days a week. Paper enrollment forms will also be available November 1, 2017. Please call Human Resources at 805-781-5959 or Pension Trust at 805-781-5465 to request paper enrollment forms be mailed to you.
- **Online Enrollment Assistance:** A representative will be available at the Kimball Computer Lab at 1144 Monterey Suite C San Luis Obispo on November 13, 21 and 27 to assist employees and retirees with online enrollment. In addition, Pension Trust will have a limited number of 15-minute personal counseling sessions available.
- **Educational Workshops:** The County will conduct educational workshops at various locations around the County to educate participants on the changes. Please reference page 5 of this brochure for more details.
- **A New Plan Design: Exclusive Provider Organization (EPO):** The County will introduce a new plan design in 2018 – an Exclusive Provider Organization (EPO). The County's EPO Plan has no annual deductible, low copayments and access to Anthem's nationwide PPO network without referrals. An EPO is a healthcare benefit organization that is similar to a PPO in administration, structure, and operation, but which does not cover out-of-network care. An EPO includes insurance carriers' contracted PPO providers. In an EPO, you are not assigned a Primary Care Physician (PCP) and a PCP referral is not required to visit a specialist.
- **A New Plan: Anthem Exclusive Provider Organization (EPO):** The County will now offer an EPO plan administered by Anthem. The County will not offer a traditional HMO plan design. Please reference the summary of medical benefits shown on the comparison chart 11 of this brochure for details.
- **New Pharmacy Benefits Manager:** Express Scripts will be your new pharmacy provider for retail and mail order prescriptions replacing Optum Rx and CVS Caremark. You will receive an Express Scripts ID card in the mail and **must use this ID card** when you go to your local pharmacy to disburse your medications. If you are using a mail order maintenance medication, you will need to have your doctor submit a new prescription to Express Scripts after January 1, 2018.

OPEN ENROLLMENT TIPS

REMEMBER

Open Enrollment will take place from **November 13 – November 30, 2017**. During this time, you are able to enroll in new programs, edit dependents and make changes to your current benefits.

What Changes Can I Make?

- **Enroll** in any of the County-sponsored plans for **the first time**;
- **Change or cancel** your plan choices;
- **Add or drop** dependent coverage (**Please Note**: If you cancel a dependent's coverage during Open Enrollment, that dependent is **not** eligible for COBRA);
- **Add, change, or cancel** Medical, Dental and Vision plans;
- **Opt out or waive** participation in County sponsored medical benefits. If you opt out of medical insurance the only qualifying event to opt back in is turning age 65. Opting out when you are over age 65 is final and you are unable to participate in County medical insurance in the future; and/or
- **Combine coverage** with a spouse or registered domestic partner who is also a benefit-eligible County employee.

How do I Enroll?

You must **go online** between November 13 – 30 to the County's eBenefits website, www.benxcel.net, to make all plan changes, dependent additions or deletions, address changes and personal information updates. To access the online enrollment following the steps below:

1. Website: www.benxcel.net
2. Enter your user information
 - a. USER ID: First letter of first name, full last name, entire DOB
 - i. Ex: Judy Smith-Doe DOB:01/25/1973 Login ID: jsmithdoe01251973
 - b. Password: Full Last name, first letter of first name, Last four of Social Security Number (SSN)
 - i. Ex: Judy Smith-Doe SSN: 123-45-6789 Password: smithdoej6789
3. Click the Sign In button to enter the system
4. Follow the system prompts to review the benefit options and begin making elections
5. Note: A confirmation statement will appear when the enrollment is complete. Please save or print for your records.

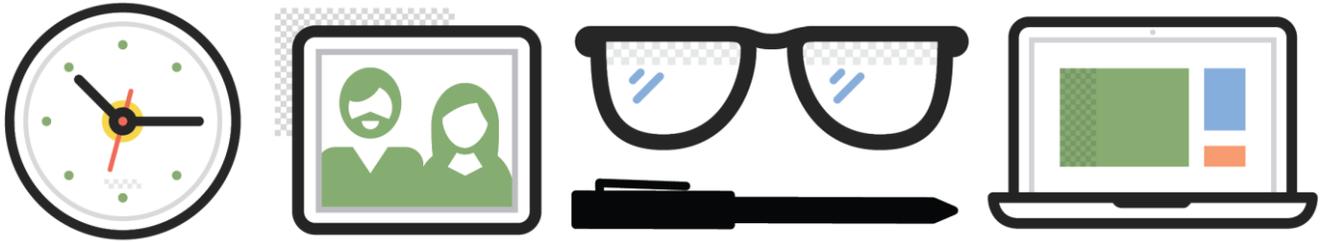
A BenXcel user guide is available on the County's website at www.slocounty.ca.gov/hr

Click on the "2018 Open Enrollment" link to obtain a copy of the guide. This guide will help you establish a username and/or obtain your password. If you **do not have** a BenXcel User Account, are **unable to create** a username, or have **forgotten** your username and/or password, you must call BCC at **1.800.685.6100** for assistance.

Need Help with Online Enrollment?

A Human Resources representative will be available to assist employees and retirees with online enrollment at the [Kimball Computer Lab at 1144 Monterey Suite C San Luis Obispo](#) from **9 - 4 PM on November 13, 21 and 27**. No appointments needed. To request paper enrollment forms please call Human Resources at 805-781-5959. These forms will be available on November 1, 2017. Accurately completed forms are due in the Human Resources office by 5 PM on November 30, 2017.

OPEN ENROLLMENT EVENTS



Open Enrollment Educational Workshops

The Benefits team will review the medical plan changes to help retirees make their elections, introduce new benefit programs, and take questions. **Please call Human Resources at 805-781-5959 to register** for a below session. A copy of the presentation will also be available at www.slocounty.ca.gov/hr for those that are unable to attend.

Date	Time	Location	Room	Notes
10/16	1:00-2:30pm	SLO Ludwick Community Center 864 Santa Rosa St, SLO 93401	Gym	Retiree Only Meeting
10/18	9:00-10:30am	Government Center 1055 Monterey St, SLO 93408	BOS Chambers	Open to Employees & Retirees
10/23	9:00-10:30am	Atascadero Library 6555 Capistrano Ave, Atascadero, 93422	Conference Room	Open to Employees & Retirees
10/24	1:30-3:00pm	Government Center 1055 Monterey St, SLO 93408	BOS Chambers	Open to Employees & Retirees
10/30	3:00-4:30pm	SLO Sheriff 1585 Kansas Avenue SLO 93405	Lowgren Auditorium	Open to Employees & Retirees
11/1	10:00-11:30am	South County Regional Center 800 W Branch St Arroyo Grande 93420	Main Hall	Open to Employees & Retirees
11/1	1:00-2:30pm	South County Regional Center 800 W Branch St Arroyo Grande 93420	Main Hall	Open to Employees & Retirees

WHO CAN YOU COVER?



WHO IS ELIGIBLE?

All eligible Retirees – those officially retiring with the County within 120 days of separation – are able to participate in County medical insurance. **Retirees that currently opt out or waive County medical insurance will have a one-time opportunity to enroll this year.**

Retirees that opt in or enroll in County medical insurance can continue to make changes annually at open enrollment and always have the ability to opt out at any time. All retirees can participate in Dental and Vision.

WHAT HAPPENS IF I OPT OUT OR WAIVE?

If an early retiree (under age 65) waives coverage this year they will not be eligible to participate in County medical insurance until they are Medicare eligible at age 65. Retirees opting out of County medical insurance over age 65 cannot come back onto County medical insurance in the future.

ELIGIBLE DEPENDENTS

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit guidelines.
- Your children (including your domestic partner's children):
 - o Children under age 26 are eligible to enroll in medical, dental & vision coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - o Children you have legal guardianship of or those named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

- o Children over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
- o **ACTION NEEDED:** To certify any disabled dependents over age 26, please follow the directions below:

1. Obtain the Disable Dependent Certification Form on www.slocounty.ca.gov/hr
2. Complete and return the form to **Human Resources Department: Benefits** at HR@co.slo.ca.us.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Former spouses.
- Any individual who is covered as an employee of County of San Luis Obispo cannot also be covered as a dependent.

ENROLLMENT PERIODS

& QUALIFYING EVENTS

Open Enrollment is the only time each year that retirees can make changes to their benefit elections without a qualifying life event. **Enrollment changes can be made at www.benxcel.net within 31 days of your qualifying life event.**

Retirees are able to make dependent changes if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment. Qualifying life events include (but are not limited to):

- Dependent loss of other healthcare coverage
- Dependent new eligibility for other group coverage
- Marriage, divorce or death



NEW PROGRAM- CARRUM HEALTH

Early Retirees Only

Your New Surgery Benefit!

Carrum Health is a voluntary surgery benefit program that offers specific surgeries at Centers of Excellence with top-quality hospitals and surgeons for no out of pocket costs. This benefit is separate from and in addition to the benefits already provided under Anthem medical plans. This benefit is not administered by Anthem and must be accessed directly through Carrum Health. Eligible members include Early Retirees (Non-Medicare), COBRA participants and their dependents who are enrolled in PPO or EPO health plans.

Carrum Health is specifically designed to deliver a superior end-to-end healthcare experience for you and your family

- You will have special access to “Centers of Excellence” which are hospitals and surgeons that have been vetted for providing top-quality care and achieving better outcome!
- There are no medical bills! Co-insurance and deductibles will be waived
- Travel expenses (if applicable) will be covered for the patient and an adult companion!

Want to Get Started?

Contact 1-888-855-7806 or visit
my.carrumhealth.com/eiahealth



PERSONALIZED support throughout your journey

Planning for surgery and navigating the healthcare system can be a daunting task. That’s why Carrum Health lends a helping hand. We assign a personal **Care Concierge** to guide you through the entire episode of care. From selecting the right hospital and surgeon, to gathering medical records, scheduling surgery, assisting with travel (if needed) for you and a companion and coordinating post discharge recovery care – your **Care Concierge** will be there to help every step of the way.



TOP QUALITY hospitals and doctors in California

At Carrum Health we have identified regional “**Centers of Excellence**”, which are hospitals and surgeons that have demonstrated the best results, fewest complications and highest level of personalized care – meaning patients experience a smoother recovery and get back to health sooner.



ZERO out of pocket costs*

Medical bills are confusing and can seem never-ending – especially for surgery. Determining if they are accurate, when they will stop and how much you will end up paying is incredibly frustrating. If you choose Carrum Health for your surgery, you will know exactly what it will cost beforehand, if anything at all. In most cases*, the plan will **cover 100% of all costs**, potentially saving you thousands of dollars. No medical bills, no confusion and no surprises.

***Medicare Eligible Retirees are not eligible for Carrum Health**

FREQUENTLY ASKED QUESTIONS (FAQs)



Can I continue with CalPERS medical plans? No. All CalPERS plans will terminate on December 31, 2017.

Will my medical coverage automatically transfer over from CalPERS to EIAHealth? Yes, to ensure you have coverage on January 1, 2018 we have identified an equivalent EIA Health plan that you will automatically be enrolled in unless you make a different election online. Please login to review, edit and/or confirm your plan and dependent information. Equivalent medical plans are outlined below.

Retiree Type	2017 CalPERS Plan or Election	2018 EIA Health Equivalent/Default Plan
Early Retirees	Anthem HMO Select	Anthem EPO
Early Retirees	Anthem HMO Traditional	Anthem EPO
Early Retirees	Blue Shield Access + HMO	Anthem EPO
Early Retirees	Kaiser Permanente HMO	Anthem Select
Early Retirees	United Healthcare Signature Value Alliance	Anthem Select
Early Retirees	PERSCheck	Anthem Choice PPO
Early Retirees	PERSSelect	Anthem Select PPO
Early Retirees	PERSCare	Anthem Care PPO
Early Retirees	Peace Officers Research Assoc. of CA (PORAC)	Anthem Peace Officer PPO
Medicare	Kaiser Permanente	Anthem Medicare EPO
Medicare	United Healthcare Group Medicare Advantage	Anthem Medicare EPO
Medicare	PERS Choice Medicare Supplement	Anthem Choice Medicare PPO
Medicare	PERSSelect Medicare Supplement	Anthem Select Medicare PPO
Medicare	PERSCare Medicare Supplement	Anthem Care Medicare PPO
Medicare	PORAC Medicare Supplement	Anthem Peace Officer Medicare PPO
Opt Out/Waive	Opt Out/Does Not Participate/Not Enrolled	Opt Out/Waive/Not Enrolled

Do I have to actively enroll in new benefits for 2018? Yes, while it is not mandatory for retirees already enrolled in a plan to maintain your benefits, we are asking that **ALL** retirees and dependents make an active election online. If you currently opt out of medical insurance and do not make an election during open enrollment you are waiving the right to participate in County medical insurance in the future. You will not be able to opt back in unless you turn Medicare Age 65. A summary is below.

Medical Retirement Election Guide	I OPT IN/PARTICIPATE IN COUNTY MEDICAL INSURANCE	I OPT OUT/CHOOSE NOT TO PARTICIPATE IN COUNTY MEDICAL INSURANCE
Non-Medicare Age (Under 65)	Can make changes annually at open enrollment or opt out at any time.	You are unable to opt back in to County medical insurance until Medicare age 65.
Medicare Age (Over 65)	Turning 65 (Medicare age) is a qualifying event to opt in to County medical insurance. You can make changes annually at open enrollment and opt out at any time.	Your election is final and you are unable to opt back in or participate in County medical insurance in the future.

FREQUENTLY ASKED QUESTIONS (FAQs)

Will my dependent(s) coverage automatically transfer over for medical, dental and vision? Yes, coverage for dependents enrolled on your 2017 plans will transfer to your 2018 EIA Health plan. However, you will be required to verify dependent information to ensure there is no interruption in dependent coverage. If you need to add or drop dependents you will need to make that change online during open enrollment.

Do I have to make changes to my dental and vision insurance? No, your dental and vision elections will remain the same. You will continue to be able to opt in or out of these plans each year. You will be required to verify dependent information to ensure there is no interruption in dependent coverage.

I live out of state, will I be covered under the new EIA Health plans? Yes, all EIA Health plans utilize Anthem’s nationwide PPO network including the EPO. There is no need to enroll in a special plan if you live outside of San Luis Obispo.

Can I refill my current prescription at the pharmacy after January 1, 2018? Yes, you can refill your current prescription at a participating Express Scripts pharmacy. You must show them your new Express Scripts ID card.

How do I find a Provider? Go to: www.anthem.com/ca/EIAhealth

- Click on Find a Doctor and Search as a Guest
- Select Through my Employer under “How do you get Insurance?”
- Select Medical, under “What type of care are you searching for?”
- Select California, or the state you are searching for a provider in.
- Select the network you are searching for. See below for networks available:

Network Name	Plan Name	Network Info
Blue Cross PPO (Prudent Buyer) Large Group	EIA Anthem Choice, Care, EPO & Peace Officer	Anthem’s nationwide PPO network
Select PPO	Anthem Select	Narrow Network of providers
National BlueCard PPO Network	All Plans- Out of State	Out of State providers on Anthem’s nationwide PPO network

- On the next screen, enter the type of doctor, specialty, and location.
 - If you want to find a specialist you will have to search by their specialty from the drop-down list

Does the EPO have an out of network benefit? No, there are no out-of-network benefits with an EPO plan. When members use non-preferred providers, they must pay the applicable provider services cost. Charges do not count toward the calendar year deductible or out-of-pocket maximum.

Will the County still provide its medical insurance contribution for those participating in County sponsored plans? Yes. Please see below.

COUNTY RETIREE MEDICAL INSURANCE CONTRIBUTIONS
The County will continue to contribute the PEMHCA minimum toward retiree medical insurance premiums. This amount varies by bargaining unit and changes annually. For 2018, the County will contribute \$133 or \$139 toward retiree medical insurance premiums. This contribution is not reflected in the above rates.

EARLY RETIREE MEDICAL PLANS NON- MEDICARE



	Anthem Select PPO		Anthem Choice PPO		Anthem Care PPO	
2017 PLAN EQUIVALENT	CalPERS Select PPO		CalPERS Choice PPO		CalPERS Care PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible						
Individual Family	\$500 \$1,000		\$500 \$1,000		\$500 \$1,000	
Annual Out-of-Pocket Maximum						
Physician Office Visit Deductible Waived	\$20	40%	\$20	40%	\$20	40%
Specialist Copay Deductible Waived	\$20	40%	\$20	40%	\$20	40%
Preventative Care	No Charge	40%	No Charge		No Charge	
Lab and X-Ray						
CT, MRI, PET scans	20%	40%	20%	40%	10%	40%
Other lab and x-ray tests	20%	40%	20%	40%	10%	40%
Hospitalization						
Inpatient	20%	40%	20%	40%	\$250 + 10%	\$250 + 40%
Outpatient		40%	20%	40%	10%	40%
Emergency Room	\$50+ 20%	\$50 + 20%	\$50 + 20%	\$50 + 20%	\$50 + 10%	
	(waived if admitted)	(waived if admitted)	(waived if admitted)	(waived if admitted)	(waived if admitted)	
Urgent Care Services	\$20	40%	\$20	40%	\$20	40%
Durable Medical Equipment	20%	40%	20%	40%	10%	40%
Chiropractic/Acupuncture Care	\$15	40%	\$15	40%	\$15	40%
	(20 visits combined with acupuncture / calendar year)		(20 visits combined with acupuncture / calendar year)		(20 visits combined with acupuncture / calendar year)	
PREMIUMS						
Plan/Coverage Type	Anthem Select PPO Monthly Cost		Anthem Choice PPO Monthly Cost		Anthem Care PPO Monthly Cost	
Single	\$518.00		\$584.00		\$608.00	
Two Party	\$1,023.00		\$1,154.00		\$1,204.00	
Family	\$1,334.00		\$1,504.00		\$1,571.00	
Provider Network	Select PPO – This is a narrow network. Out of State: Blue Card PPO Network		Blue Cross PPO (Prudent Buyer) - Large Group Blue Card PPO Network		Blue Cross PPO (Prudent Buyer) - Large Group Blue Card PPO Network	

EARLY RETIREE MEDICAL PLANS

NON- MEDICARE



	Anthem EPO	Retired Anthem Peace Officer PPO*	
2017 PLAN EQUIVALENT		PORAC	
	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible			
Individual/Family	None	\$300 / \$900	\$600 / \$1,800
Annual Out-of-Pocket Maximum			
Individual / Family	\$1,500 / \$3,000	\$4,500 / \$9,000	
Physician Office Visit	\$15 / visit	\$20	10%
Specialist Copay	\$15 / visit	\$20	10%
Preventative Care	No Charge	No Charge	10%
Lab and X-Ray			
CT, MRI, PET scans	No charge	10%	10%
Other lab and x-ray tests	No Charge	10%	10%
Hospitalization			
Inpatient	No Charge	10%	10%
Outpatient	No Charge	10%	10%
Emergency Room	\$50		
	(waived if admitted)	10%	10%
Urgent Care Services	\$15 copay	10%	10%
Durable Medical Equipment	No Charge	20%	20%
Chiropractic / Acupuncture Care	\$15 / visit (20 visits per calendar year combined with acupuncture)	\$20 (20 visits combined with acupuncture/calendar year)	10%
PREMIUMS			
Plan/Coverage Type	Anthem EPO Monthly Cost	Retired Anthem Peace Officer PPO* Monthly Cost	
Single	\$719.00	\$607.00	
Two Party	\$1,431.00	\$1,203.00	
Family	\$1,868.00	\$1,669.00	
Provider Network	Blue Cross PPO (Prudent Buyer) - Large Group Blue Card PPO Network	Blue Cross PPO (Prudent Buyer) - Large Group Blue Card PPO Network	

Note for Out-of-Network benefits - member is responsible for coinsurance in addition to any charges over the allowable amount. When members use non-preferred providers, they must pay the applicable copayment/coinsurance plus any amount that exceeds Anthem's allowable amount. Charges in excess of the allowable amount do not count toward the calendar year deductible or out-of-pocket maximum. *Registered Peace Officers Only

EARLY RETIREE PHARMACY BENEFITS

	Anthem Medical PPO Plans				Anthem Medical EPO
	Choice	Select	Care	Peace Officer	EPO
Retail Pharmacy					
Annual Out-of-Pocket Limit	\$2,000 individual / \$4,000 family		\$2,650 individual / \$5,300 family		\$5,350 individual / \$10,700 family
Generic	\$5 copay		\$10 copay		\$5 copay
Preferred Brand	\$20 copay		\$25 copay		\$20 copay
Non-preferred Brand	\$50 copay		\$45 copay		\$50 copay
Supply Limit	30 days		30 days		30 days
Mail Order					
Annual Out-of-Pocket Limit	\$1,000 Mail Order		None		\$1,000 Mail Order
Generic	\$10 copay		\$20 copay		\$10 copay
Preferred Brand	\$40 copay		\$40 copay		\$40 copay
Non-preferred Brand	\$100 copay		\$75 copay		\$100 copay
Compound Drug	N/A		\$45 copay		N/A
Supply Limit	90 days		90 days		Up to 100 days

RETIREE 65+ MEDICARE PLANS



	Anthem Select Medicare PPO		Anthem Choice Medicare PPO		Anthem Care Medicare PPO	
2017 PLAN EQUIVALENT	CalPERS Select Supp		CalPERS Choice Supp		CalPERS Care Supp	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible						
Individual Family	None		None		None	
Annual Out-of-Pocket Maximum						
Individual Family	None		None		\$3,000 (Coinsurance Only)	
Physician Office Visit Deductible Waived	No Charge		No Charge		No Charge	
Specialist Copay Deductible Waived	No Charge		No Charge		No Charge	
Preventative Care	No Charge		No Charge		No Charge	
Lab and X-Ray						
CT, MRI, PET scans	No Charge		No Charge		No Charge	
Other lab and x-ray tests	No Charge		No Charge		No Charge	
Hospitalization						
Inpatient	No Charge		No Charge		No Charge	
Outpatient	No Charge		No Charge		No Charge	
Emergency Room	No Charge		No Charge		No Charge	
Urgent Care Services	No Charge		No Charge		No Charge	
Durable Medical Equipment	No Charge		No Charge		No Charge	
Chiropractic/ Acupuncture Care	*No Charge *\$15		*No Charge *\$15		*No Charge *\$15	
PREMIUMS						
Plan/Coverage Type	Anthem Select Medicare PPO Monthly Cost		Anthem Choice Medicare PPO Monthly Cost		Anthem Care Medicare PPO Monthly Cost	
Single	\$400.00		\$400.00		\$440.00	
Two Party (Both Medicare Age)	\$799.00		\$799.00		\$881.00	
Two Party (1 Medicare Age, 1 Not)	\$905.00		\$970.00		\$1,036.00	
Family (1 Medicare Age, 2 Not Medicare Age)	\$1,216.00		\$1,320.00		\$1,403.00	
Family (2 Medicare Age, 1 Not Medicare Age)	\$1,110.00		\$1,149.00		\$1,248.00	
Family (All Medicare)	\$1,199.00		\$1,199.00		\$1,321.00	
Provider Network	Select PPO— This is a narrow network. Out of State: Blue Card PPO Network		Blue Cross PPO (Prudent Buyer) - Large Group Blue Card PPO Network		Blue Cross PPO (Prudent Buyer) - Large Group Blue Card PPO Network	

RETIREE 65+ MEDICARE PLANS



	Anthem Medicare EPO	Anthem Retiree Peace Officer Medicare PPO**	
2017 PLAN EQUIVALENT	Kaiser KPSA & UHC Medicare Advantage	PORAC Supp	
	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible			
Individual/Family	None	None	
Annual Out-of-Pocket Maximum			
Individual / Family	\$1,500 / \$3,000	\$1,500	None
Physician Office Visit	\$15 / visit	No Charge	
Specialist Copay	\$15 / visit	No Charge	
Preventative Care	No Charge	No Charge	
Lab and X-Ray			
CT, MRI, PET scans	No charge	No Charge	
Other lab and x-ray tests	No Charge	No Charge	
Hospitalization			
Inpatient	No Charge	No Charge	
Outpatient	No Charge	No Charge	
Emergency Room	\$50 (waived if admitted)	No Charge	
Urgent Care Services	\$15 copay	No Charge	
Durable Medical Equipment	No Charge	No Charge	
Chiropractic / Acupuncture Care	\$15 / visit (20 visits per calendar year combined with acupuncture)	20%	
PREMIUMS			
Plan/Coverage Type	Anthem Medicare EPO Monthly Cost	Anthem Peace Officer Medicare PPO Monthly Cost	
Single	\$366.00	\$524.00	
Two Party (Both Medicare Age)	\$733.00	\$1,044.00	
Two Party (1 Medicare Age, 1 Not)	\$1,078.00	\$1,120.00	
Family (1 Medicare Age, 2 Not Medicare Age)	\$1,515.00	\$1,486.00	
Family (2 Medicare Age, 1 Not Medicare Age)	\$1,170.00	\$1,410.00	
Family (All Medicare)	\$1,099.00	\$1,669.00	
Provider Network	Blue Cross PPO (Prudent Buyer) - Large Group Blue Card PPO Network Blue Card PPO Network	Blue Cross PPO (Prudent Buyer) - Large Group Blue Card PPO Network	

*Under Medicare benefits, there is no charge. Benefits beyond Medicare, there is a \$15/visit with 20 visits per calendar year combined with acupuncture. **Peace Officer Only

RETIREE 65+ MEDICARE PART D PHARMACY BENEFITS



Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans.

	Anthem Medical PPO Plan				Anthem Medical EPO Medicare Plan
	Choice Medicare	Select Medicare	Care Medicare	Retiree Peace Officer Medicare	EPO
Retail Pharmacy					
Annual Out-of-Pocket Limit	None			None	None
Generic	\$5 copay			\$5 copay	\$5 copay
Preferred Brand	\$20 copay			\$20 copay	\$20 copay
Non-preferred Brand	\$50 copay			\$50 copay	\$50 copay
Supply Limit	31 days			31 days	31 days
Mail Order					
Annual Out-of-Pocket Limit	None			None	None
Generic	\$10 copay			\$10 copay	\$10 copay
Preferred Brand	\$40 copay			\$40 copay	\$40 copay
Non-preferred Brand	\$100 copay			\$100 copay	\$100 copay
Supply Limit	90 days			90 days	90 days

- Please reference Medicare Express Scripts benefit summary for retail and mail order 60 day and 90 day supply copay information.

PHARMACY BENEFITS



Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Express Scripts will be your new pharmacy provider for retail and mail order prescriptions replacing Optum Rx and CVS Caremark. Below are the prescription drug benefits that are included with our medical plans.

- You will receive an Express Scripts ID card in the mail and must use this ID card when you go to your local pharmacy to disburse your medications.
- If you are using a mail order maintenance medication, you will need to have your doctor submit a new prescription to Express Scripts after January 1, 2018.
- There may be some changes to the formulary. For additional information please register and search for a pharmacy at express-scripts.com. If you receive mail from Express Scripts, please make sure to read the content since it will be a notice of a potential change to prescription drug(s) that you are currently taking.

I will have to change my providers on January 1, 2018. Does my new provider have to write a new prescription for my maintenance medication? No, you can use your current prescription to refill your medication after January 1, 2018 at a participating Express Scripts pharmacy. You must show them your new Express Scripts ID card.

Getting Started with Home Delivery from the Express Scripts PharmacySM Online access to savings and convenience

Whether you are viewing the member website or using the Express scripts mobile app*, you can easily manage your home delivery prescriptions:

- Check order status
- Refill and Renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- Pay your balance using a variety of payment options

To access the member website after January 1, 2018)

Login to express-scripts.com (Register if it's your first visit. Just have your member ID or SSN handy.)

If you have a NEW prescription

Get started by selecting "Getting Started" from the menu under *Health & Benefits Information*—It's easy to print forms to submit your new prescription to the Express Scripts Pharmacy. You can also *Get the app*.

Or contact your doctor to request a 90-day prescription that he or she can send directly to Express Scripts.

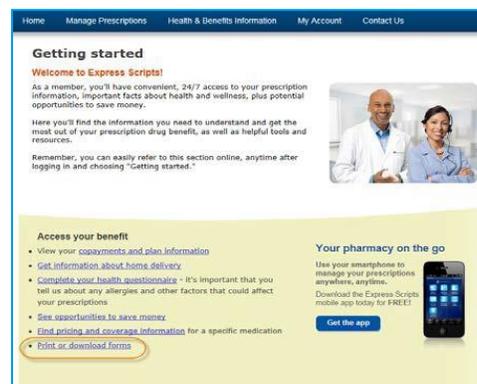
Or call us and we'll contact your doctor for you. **Please allow 8 to 10 days for your first prescription order to be shipped.**

If you have a prescription

Check Order Status online or using our app to view details and track shipping, or *View All Orders*.

Transfer retail prescriptions to home delivery. Just click *Add to Cart* for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.

Refill and Renew Prescriptions for yourself and your family while online or while using our app just click *Add to Cart* for eligible prescriptions.



DENTAL



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

There are not changes to our dental plan this year. You will continue to be able to opt in or out of these plans each year. You will be required to verify dependent information to ensure there is no interruption in dependent coverage. No other action is needed unless you would like to change dependents or opt in or out

		Aetna Dental DHMO	
		In-Network	
Calendar Year Deductible		\$0	
Annual Plan Maximum		N/A	
Waiting Period		None	
Diagnostic and Preventive		Diagnostic pays 100% Preventive various copays apply	
Basic Services			
Fillings		Plan pays 100%	
Root Canals		Various copays apply	
Periodontics		Various copays apply	
Major Services		Various copays apply	
Orthodontic Services			
Orthodontia		Patient pays: Screening \$30.00 Diagnostic Records \$150.00 Treatment \$1,545.00 Retention \$275	
Lifetime Maximum		None (limited to one full course of treatment)	
PREMIUMS			
Plan/Coverage Type	Aetna Dental DHMO Premium		
	Semi-Monthly	Monthly	
Single	\$15.94	\$31.88	
Two Party	\$26.36	\$52.72	
Family	\$38.94	\$77.88	

Please refer to the Benefit Summaries for detailed information on how the plan will pay for services.

VISION



Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions. We offer you a vision plan through Vision Service Plan (VSP).

There are no changes to our vision plan this year. You will continue to be able to opt in or out of these plans each year. Dependent verification will be required. You will be required to verify dependent information to ensure there is no interruption in dependent coverage. No other action is needed unless you would like to change dependents or opt in or out.

	VSP Vision	
	In-Network	Out-Of-Network
Examination		
Benefit	\$10 copay then plan pays 100%	Plan pays up to \$50
Frequency	1 x every 12 months	In-network limitations apply
Materials	\$10 copay then plan pays 100%	Plan pays 100% (see schedule below)
Eyeglass Lenses		
Single Vision Lens	\$25 copay then plan pays 100%	Up to \$50
Bifocal Lens	\$25 copay then plan pays 100%	Up to \$75
Trifocal Lens	\$25 copay then plan pays 100%	Up to \$100
Frequency	1 x every 12 months	In-network limitations apply
Frames		
Benefit	Up to \$175	Up to \$70
Frequency	1 x every 24 months	In-network limitations apply
Contacts (In Lieu of Glasses)		
Benefit	Up to \$150	Up to \$105
Frequency	1 x every 24 months	1 x every 24 months
PREMIUMS		
Plan/Coverage Type	Semi-Monthly	Monthly
Single	\$4.77	\$9.54
Two Party	\$7.27	\$14.54
Family	\$11.76	\$23.52

PLAN CONTACTS

If you need to reach our plan providers, below is their contact information:

Plan Type	Provider	Phone Number	Website	Policy Number
Medical	Anthem	800.967.3015	www11.anthem.com/ca/EIAHealth/	175075
Voluntary Surgical Benefit	Carrum Health	888.855.7806	www.carrumhealth.com	None
Pharmacy	Express Scripts For EPO/PPO plans	800.496.4165	www.express-scripts.com	None
Dental	Aetna Dental DHMO/ Group	877.238.6200	www.aetna.com/individuals-families/dental-health.html	883524-001
Vision	VSP	800.877.7195	www.vsp.com	00105558
Post-Employment Health Plan	Nationwide	1.877.677.3678	www.nationwide.com/employee-benefit-services.jsp	None
Human Resources		805.781.5959 hr@co.slo.ca.us	www.slocounty.ca.gov/hr Then Click on the Benefits Menu	None
Pension Trust		805.781.5465		None

IMPORTANT TERMS TO LEARN

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plans out-of-pocket maximum dollar amount (by paying your

deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and only.

DEPENDENT ELIBIGILITY DOCUMENTATION

Dependent Type	Required Documentation	Resources to Obtain Documentation
Dependent Spouse (same or opposite gender)	Add: Marriage Certificate Remove: Divorce Decree	<ul style="list-style-type: none"> County office that issued original marriage Certificate www.vitalchek.com
Registered Domestic Partner	Add: State of California, County or City issued Declaration/Certificate of Domestic partnership Remove: Termination of Domestic Partnership	<ul style="list-style-type: none"> County/City office that issued original certificate http://www.sos.ca.gov/dpregistry/
Dependent child by birth	Birth Certificate (must include parents name), and/or copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage.	<ul style="list-style-type: none"> County office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration www.vitalchek.com
Dependent child by adoption	Final Adoption Papers and/or copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage	<ul style="list-style-type: none"> State agency that issued final adoption papers Adoption agency that issued placement papers Social Security Administration
Dependent stepchild(ren)	Marriage Certificate and Birth Certificate (must include parents name), and/or copies of any court orders, divorce decrees or other legal documents relating to custody, health coverage or income tax exemptions.	<ul style="list-style-type: none"> County office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration www.vitalchek.com
Dependent child Legal Guardianship	Birth Certificate (must include parents name), and copies of any court orders or other legal documents relating to custody or health coverage	<ul style="list-style-type: none"> County office that issued original birth certificate Hospital in which child was born U.S. Department of State (for children born outside of the U.S) Social Security Administration www.vitalchek.com

Note: Social Security Numbers (SSN) are required to enroll dependents. For the birth of a child, you will have 60 days to provide the SSN.

Rev. 10/23/2017

